

Exhibit 20

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

CHRISTOPHER FAIN, *et al.*, individually and
on behalf of all others similarly situated,

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

**EXPERT REBUTTAL REPORT OF
LOREN S. SCHECHTER, M.D.**

I, Loren S. Schechter, M.D., declare as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I previously submitted an expert witness report in this case (“Schechter Report”). I submit this report to respond to points raised in the Expert Disclosure Report of Dr. Stephen B. Levine, M.D. (“Levine Report”) provided by Defendants.

3. My background, qualifications, and compensation for my services in this case, and the bases for my opinions in this case are described in my original report. In preparing this report, I was provided with and reviewed the Levine Report and the accompanying exhibits.

4. My opinions contained in this report are based on my professional background as described in my updated curriculum vitae (attached as Exhibit A); my clinical experience of nearly 25 years of caring for transgender individuals; my review and familiarity with relevant

peer-reviewed literature, including my own research;¹ and discussions with colleagues and other experts in the field, including attendance and participation in various educational conferences both nationally and internationally. The research I relied on in preparing this report is cited in my curriculum vitae, my original expert report, and the sources cited herein and the updated bibliography attached as Exhibit B.

5. As explained in my original report, I refer to the family of procedures discussed in this report interchangeably as “gender confirmation,” “gender confirming surgeries,” or “gender affirming surgeries” because they are one of the therapeutic tools used to enable people to live in accordance with their gender identities. This care applies specifically to people who are transgender because they are the only ones who undergo procedures for gender dysphoria (or gender incongruence).

6. I have personal knowledge of the matters stated in this report. I may further supplement these opinions in response to information produced by Defendants in discovery and in response to additional information from Dr. Levine or any other expert testimony Defendants may disclose.

I. QUALIFICATIONS OF DR. LEVINE

7. Based on the disclosures in Dr. Levine’s report, he appears to lack the requisite

¹ As mentioned in my original report, I regularly and routinely perform literature searches in my academic roles at Rush University; and as Director of the Center for Gender Confirmation Surgery at Weiss Memorial Hospital (a role I will hold until April 5, 2022, when I will assume the position of Director of Gender Affirmation Surgery at Rush University Medical Center); Guest Examiner for The American Board of Plastic Surgery; lecturer for the Global Education Initiative for WPATH; invited lecturer at national and international conferences; co-lead author of the surgery and post-operative care chapter of the upcoming WPATH Standards of Care Version 8; an editor and reviewer for peer-reviewed publications; and a course director for various educational opportunities for WPATH, American Society of Plastic Surgeons, and other organizations.

qualifications to offer his opinions. Dr. Levine opines on surgical interventions pertaining to gender dysphoria, but he provides no evidence as to training or experience in a surgical discipline. Additionally, he is not a member of the World Professional Association for Transgender Health (“WPATH”), which is recognized by the mainstream medical consensus as the authoritative entity that has established comprehensive Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (“Standards of Care”). Dr. Levine’s previous involvement with the Standards of Care, Version 5 would seem to indicate that he does not support categorical bans on coverage for surgery, since those guidelines recognized that surgery can be medically necessary care for transgender people.

II. DR. LEVINE’S CRITIQUE OF MY EXPERT TESTIMONY IS UNFOUNDED

8. Although Dr. Levine has been designated to rebut my expert opinions, he says little about my expert report specifically. The few points he does raise misrepresent my testimony and the scientific literature, as explained below. Dr. Levine offers a number of other general critiques about the state of the science, and I respond to those further below.

9. Dr. Levine first claims that I seem “to be unaware of the body of literature that shows that gender-affirming interventions fail to improve mental health or to reduce suicidality or suicide long-term.” Levine Report at 32 ¶ 62. He cites scant literature in support and largely ignores the extensive sources cited in the bibliography to my original expert report. I am nonetheless familiar with his cited sources, which do not contradict the opinions in my original report.

10. For example, Dr. Levine cites “key systematic review of surgeries for adults conducted by the HHS in 2016.” Levine Report at 32 ¶ 63 (citing Tamara Syrek Jensen et al., *Final Decision Memorandum on Gender Reassignment Surgery for Medicare Beneficiaries with*

Gender Dysphoria, Centers for Medicare & Medicaid Services (2016)). He neglects to mention these systematic reviews of the literature followed a decision of the agency to *eliminate* a categorical ban on gender-affirming surgery, like the one West Virginia maintains in its Medicaid program and state employee programs. Dep’t of Health and Human Servs., Departmental Appeals Board, Appellate Div., NCD 140.3, Transsexual Surgery (2014). In fact, the agency found that gender-affirming “surgery is an effective, safe and medically necessary treatment for transsexualism.” *Id.* While the agency declined to issue a National Coverage Determination (“NCD”) requiring the care to be made available without limitation, that was based on factors specific to the average Medicare participant such as age. In older individuals, additional medical conditions may increase the risk for surgery generally. Coverage is still available on a case-by-case basis. Additionally, many widely accepted surgical procedures and surgical conditions do not have NCDs under Medicare. The fact that gender-affirming surgery does not have an NCD is not unusual.

11. Dr. Levine also cites to an article entitled “Reduction in Mental Health Treatment Utilization among Transgender Individuals after Gender-affirming Surgeries: A Total Population Study,” by Bränström R, Pachankis, *Am J Psychiatry* 2020; 177: 727–734. Levine Report at 32 n.101; 55-56 ¶¶ 111-13. I have previously reviewed this article, which found in the Swedish population a correlation between gender-affirming care and “a reduction in mental health treatment as a function of time since completing such treatment.” *Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Gender-Affirming Care and Transgender Individuals’ Mental Health: Response to Letters*, *Am J Psychiatry* 2020; 177:769–772; doi: 10.1176/appi.ajp.2020.20050599. A correction was issued after initial publication indicating that language in the article too strongly suggested causation

rather than correlation. *Id.* Nothing about this changes the overall state of the literature; nor is the correction remarkable since proving causation is very difficult in medical literature.

Additionally, the fact that some transgender people may need ongoing mental health care does not mean that surgical interventions were unsuccessful. Surgery treats the medical condition of gender dysphoria. Other studies also find improvement in mental health conditions such as depression or anxiety. Additionally, ongoing care for individuals can be important across a host of medical conditions. Patients receive aftercare from their oncologist after surgery for cancer, and may need mental health care as well. That does not mean the surgery was unsuccessful.

12. Dr. Levine also cites Wiepjes CM, den Heijer M, Bremmer MA, et al., Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017). *Acta Psychiatr Scand.* 2020;141(6):486-491; doi:10.1111/acps.13164. I am familiar with this article too, which found a slight *reduction* in deaths by suicide for trans women. Additionally, reduction in suicide is not the only measure by which we determine whether care is medically necessary. Regardless, nothing in the literature suggests that categorically denying coverage for surgery, as West Virginia does, improves rates of suicidality or other health outcomes.²

13. Finally, Dr. Levine invokes a review by the Hayes Corporation, which reviews treatments for insurance companies. Levine Report at 32-33 ¶ 63. The Hayes Corporation itself, however, states that it is “not intended to be used as the sole basis for determining coverage policy,” or “as the sole basis for defining treatment protocols, or medical modalities.” The

² Additionally, measures already exist to ensure that risk for suicidality is assessed before surgery. For example, my patients undergoing inpatient surgery have a required preoperative suicide assessment as required by The Joint Commission.

Hayes Corporation also describes a key part of its mission as “provid[ing] the best *business solutions* proven to enhance efficiencies, reduce cost, and reduce risk” (emphasis added). See <https://www.hayesinc.com/about-hayes/>.

14. Dr. Levine describes the Hayes Corporation as rating the evidence for gender-affirming surgery for adults and adolescents as low-quality, but this misrepresents the meaning and significance of such reviews. Scientific ratings of evidence generally employ extremely high standards that are not satisfied for many commonly-prescribed treatments and procedures.³ Such ratings do not mean that the treatment is unsupported in the literature and clinical practice, or that it is not medically necessary. The level of evidence does not always speak to the quality of the research, including because high-level evidence (generally Level I evidence) is not always the optimal or appropriate choice for a particular research question, and in some areas, is not feasible or ethical to conduct. The Hayes Corporation itself acknowledges that the literature shows gender-affirming surgeries improve outcomes across multiple areas for transgender people, including, for example, significant reductions in gender dysphoria. (Hayes Corp. 2018).

15. Dr. Levine mentions two other issues with respect to my testimony specifically, including purported conflicts of interest and rates of complications after surgery. Levine Report at 33 ¶ 65. As I explain below, both points are unsupported.

III. DR. LEVINE’S OPINIONS ARE INCONSISTENT WITH THE MAINSTREAM MEDICAL CONSENSUS

A. Gender-Confirming Surgery is Safe and Effective

16. As discussed in my original report, the research, as well as my own clinical

³ See, e.g., Bernard T. Lee, et al., *Evidence-Based Clinical Practice Guideline: Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps*, Plastic and Reconstructive Surgery, 140(5):651e-664e (Nov. 2017); doi: 10.1097/PRS.00000000000003768.

expertise, show that surgical procedures for gender dysphoria are safe and effective, and that many of these procedures are analogous to surgical procedures used to treat other medical conditions. The fact that the medical community deems these analogous procedures sufficiently safe to treat conditions other than gender dysphoria is by itself more than sufficient to support the safety of those surgeries to treat gender dysphoria, since nothing about the safety of these procedures varies when they are used to treat gender dysphoria.

17. Dr. Levine claims that gender-affirming surgeries have high complication rates, *see, e.g.*, Levine Report at 33 ¶ 65; at 60-61 ¶¶ 125-26. But as explained further below, Dr. Levine's interpretation of the surgical literature demonstrates his lack of understanding of surgery. Additionally, Dr. Levine's sources for these opinions share the same flaws that run throughout his report generally. He frequently cites sources in misleading ways, implying that they support his opinions when the sources in fact establish support for access to gender affirming care. *See, e.g.*, Levine Report at 60 n.198 (citing de Vries, et al. (2014), which reported results showing that after gender-affirming care, gender dysphoria was alleviated in young adults and psychological functioning steadily improved); Levine Report at 61 n.199 (Olson-Kennedy, et al. (2018), which reported that serious complications were rare in post-surgical cohort).

18. When compared with analogous procedures for other conditions, gender-confirming surgeries do not have a particularly high rate of complications. For example, a recent study of 7,905 persons with gender dysphoria, of whom 1,047 underwent surgery between 2009-2015, revealed an overall complication rate for all surgical procedures on persons with gender

dysphoria of only 5.8%.⁴

19. Looking specifically at the complication rates for chest surgeries (subcutaneous mastectomy and chest wall contouring), two recent studies reveal a complication rate among transgender men of between 11% -12%,⁵ in comparison to the complication rate of 43% for cisgender women undergoing breast reduction shown in a 2005 study.⁶ Likewise, in a systematic review of cisgender women undergoing nipple-sparing mastectomy and immediate breast reconstruction using breast implants and acellular dermal matrix the complication rates include: 11% skin necrosis, 5% nipple necrosis, 12% infection, 1% hematoma, 5% seroma, 4% explantation, and 9% unplanned return to the operating room.⁷ Similarly, in a study which queried the American College of Surgeons National Surgical Quality Improvement database from 2006-2017 regarding augmentation mammoplasty in 1,360 cisgender and transgender individuals, “the rates of all-cause complications were low in both cohorts, and differences were not significant” (1.6% for transgender women versus 1.8% for cosmetic breast augmentation).⁸

⁴ Megan Lane et al., *Trends in Gender-affirming Surgery in Insured Patients in the United States*, 6 Plastic and Reconstructive Surgery - Global Open e1738 (2018).

⁵ M.G. Berry et al., *Female-To-Male Transgender Chest Reconstruction: A Large Consecutive, Single-Surgeon Experience*, 65 Journal of Plastic, Reconstructive & Aesthetic Surgery 711-719 (2012).; Cori A. Agarwal et al., *Quality of Life Improvement After Chest Wall Masculinization in Female-To-Male Transgender Patients: A Prospective Study Using the BREAST-Q and Body Uneasiness Test*, 71 Journal of Plastic, Reconstructive & Aesthetic Surgery 651-657 (2018).

⁶ Bruce L. Cunningham et al., *Analysis of Breast Reduction Complications Derived from the BRAVO Study*, 115 Plastic and Reconstructive Surgery 1597-1604 (2005).

⁷ Lene Nyhøj Heidemann et al., *Complications following Nipple-Sparing Mastectomy and Immediate Acellular Dermal Matrix Implant-based Breast Reconstruction—A Systematic Review and Meta-analysis*, 6 Plastic and Reconstructive Surgery - Global Open e1625 (2018).

⁸ Nicholas G. Cuccolo et al., *Epidemiologic Characteristics and Postoperative Complications following Augmentation Mammoplasty: Comparison of Transgender and Cisgender Females*, 7 Plastic and Reconstructive Surgery - Global Open e2461 (2019).

20. Additionally, complication rates for vaginoplasties in transgender women are commensurate to rates of complications for cisgender women undergoing vaginal or vulvar reconstruction for other medical conditions (e.g., cancer).⁹

21. Dr. Levine also asserts, without supporting literature, that “[r]e-operations are frequently performed.” Levine Report at 61 ¶ 126. This statement reflects a lack of understanding of surgical literature. Re-operations are not uncommon across many areas in plastic surgery, including for example for breast reconstruction surgeries for cisgender women,¹⁰

⁹ For example, a 2018 study looking at complications and patient reported outcomes in 3716 cases of male-to-female vaginoplasty found complication rates of 2% fistula, 14% stenosis and strictures, 1% tissue necrosis, and 4% prolapse with patient-reported satisfaction of 93% (overall results). See Oscar J. Manrique et al., *Complications and Patient-Reported Outcomes in Male-to-Female Vaginoplasty—Where We Are Today*, 80 *Annals of Plastic Surgery* 684-691 (2018). An additional 2018 study published in the *Journal of Urology* evaluated 330 patients presenting for primary vaginoplasty. The overall complication rate in this study was 28.7%. Thomas W. Gaither et al., *Postoperative Complications following Primary Penile Inversion Vaginoplasty Among 330 Male-to-Female Transgender Patients*, 199 *Journal of Urology* 760-765 (2018). In comparison, studies examining complication rates in cisgender women undergoing vaginal and vulvar reconstruction demonstrate complication rates ranging as high as 61%. Melissa A. Crosby et al., *Outcomes of Partial Vaginal Reconstruction with Pedicled Flaps following Oncologic Resection*, 127 *Plastic and Reconstructive Surgery* 663-669 (2011). And additional studies demonstrate complication rates for cisgender women of 22.3%-26.7% for flap-related complications and between 7%-22% for donor site and flap-related complications. See Violante Di Donato et al., *Vulvovaginal Reconstruction After Radical Excision From Treatment of Vulvar Cancer: Evaluation of Feasibility and Morbidity of Different Surgical Techniques*, 26 *Surgical Oncology* 511-521 (2017). (flap-related complications); Adrian McArdle et al., *Vaginal Reconstruction Following Radical Surgery for Colorectal Malignancies: A Systematic Review of the Literature*, 19 *Annals of Surgical Oncology* 3933-3942 (2012). (donor site and flap-related complications). Additional studies reviewing reconstruction of congenital deformities found complication rates as high as 57%. H. P. Versteegh et al., *Postoperative Complications After Reconstructive Surgery for Cloacal Malformations: A Systematic Review*, 19 *Techniques in Coloproctology* 201-207 (2015).

¹⁰ Amanda Roberts et al., *Reoperation cascade in postmastectomy breast reconstruction and its associated factors: Results from a long-term population-based study*, *J. Surg. Oncol.*, 2020 Dec;122(7):1300-1306 (Dec. 2020), doi: 10.1002/jso.26166; Maryam Saheb-Al-Zamani et al., *Early Postoperative Complications From National Surgical Quality Improvement Program: A Closer Examination of Timing and Technique of Breast Reconstruction*, *Ann. Plast. Surg.*, 86(3S Suppl 2):S159-S164 (March 2021), doi: 10.1097/SAP.0000000000002590.

and reconstruction of soft tissue defects in lower extremity (i.e., the leg, ankle, and foot).¹¹ That does not affect the fact that the care is medically necessary. Additionally, most revisions for gender-affirming care are minor scar revisions, which are ubiquitous in plastic surgery.

22. In summary, Dr. Levine does appear to acknowledge that “surgical complications are common for all surgeries.” Levine Report at 61 ¶ 126. While this paints complication rates with too broad a brush, Dr. Levine is correct to the extent he recognizes that this is generally true regardless of whether the patient is transgender or cisgender, although cisgender patients often receive coverage for this care as a matter of course.

23. Dr. Levine also suggests that “‘patient desire’ for transgender interventions has supplanted the traditional definition of medical necessity used in all other areas of medicine.” This is incorrect. The medical community and insurance providers recognize a distinction between plastic surgery that is cosmetic and reconstructive plastic surgery that is medically necessary. No particular surgery is inherently cosmetic or inherently reconstructive; rather, the underlying diagnosis determines whether the procedure is considered cosmetic or reconstructive. Gender-confirming surgeries are not cosmetic surgeries because, when performed in accordance with the Standards of Care, they are clinically indicated to treat the medical condition of gender dysphoria. The professional medical consensus recognizes that these are appropriately categorized as reconstructive procedures. In a study published in 2019 by Miller, et al., 100% of transgender women who underwent breast augmentation reported improvement in their gender

¹¹ Lingyun Xiong et al., *Free flaps for reconstruction of soft tissue defects in lower extremity: a meta-analysis on microsurgical outcome and safety*, *Microsurgery*, 36(6):511-24 (Sept. 2016); doi: 10.1002/micr.30020.

dysphoria and “would undergo the operation again.”¹²

24. Additionally, reconstructive surgery often has the additional benefit of promoting and improving a patient’s quality of life and well-being, which is often a component of medically necessary care. Indeed, aside from the primary purpose of alleviating or reducing a patient’s gender dysphoria, gender confirmation surgery also has been demonstrated to have other salutary effects, such as improving quality of life and reducing negative health outcomes. In a prospective study utilizing a validated quality of life assessment tool, Alcon, et al. demonstrated significant improvements in quality of life up to 1 year following chest surgery.¹³ The authors indicated that “the effect sizes were large and...exhibited excellent internal validity.” The authors report that “every patient surveyed at 1 year reported that gender-affirming surgery changed their life for the better” and that, “every patient surveyed after surgery said they would choose it (surgery) again knowing what they know.” In addition, in a 2006 study published in *Quality of Life Research*, Newfield, et al. found that, “Chest reconstruction not only enhances the FTM transgender identity, increases self-esteem, and improves body image, but provides some security and safety for those who remove their shirts in public areas, such as gyms or beaches. Those who had received top surgery reported higher QOL (quality of life) scores than those who had not received surgery, statistically significant findings ($p < 0.01$) for the General Health, Social Functioning, and all three mental health concepts.”¹⁴

¹² Travis J. Miller et al., *Breast Augmentation in Male-to-Female Transgender Patients: Technical Considerations and Outcomes*, 21 JPRAS Open 63-74 (2019).

¹³ Loren S. Schechter, *Discussion: Quantifying the Psychosocial Benefits of Masculinizing Mastectomy in Trans Male Patients with Patient-Reported Outcomes: The University of California, San Francisco, Gender Quality of Life Survey*, 147 Plastic & Reconstructive Surgery 741e-742e (2021).

¹⁴ Emily Newfield et al., *Female-to-Male Transgender Quality of Life*, 15 *Quality of Life Research* 1447-1457 (2006).

25. The overwhelming majority of patients who obtain gender confirmation surgery in a manner consistent with the Standards of Care are both satisfied and experience a reduction of gender dysphoria. For the vast majority of transgender people who seek such surgery, the surgery is successful at alleviating and/or reducing gender dysphoria and alleviating a lifelong struggle to find peace of mind and comfort with their bodies.

B. Medically Necessary Care to Treat Gender Dysphoria is Not Experimental

26. It is my professional medical opinion that the contention of Dr. Levine that gender-confirming surgeries are experimental is unsupported by the professional medical consensus and prevailing standards of care for treating gender dysphoria, and is inconsistent with mainstream medical standards. Levine Report 37 ¶ 75. To the contrary, the prevailing consensus of the medical community recognizes that procedures used to treat gender dysphoria are reconstructive, not experimental, and are medically necessary.

27. Surgical care is not considered experimental when it uses accepted techniques and has demonstrative benefits. The techniques used in gender-affirming care are employed in other surgeries and are well-established. For example, urethroplasties, orchiectomies, skin grafts, and mastectomies are all accepted techniques for congenital, oncological, and traumatic conditions. They are not experimental simply because they are applied to the well-established diagnosis of gender dysphoria.

28. Gender-affirming surgery has been performed for decades, utilizes accepted surgical techniques, and yields demonstrated benefits for patients. In addition, gender-affirming surgeries are: 1) part of the core curriculum in plastic surgery resident education; and 2) a component of both the written and oral board exams in plastic surgery. I have given presentations at multiple professional societies, and none of them consider gender-affirming

surgery experimental. In the disclosures required to give presentations of this kind there is no requirement that they be called experimental. It is widely accepted by professional surgical societies that gender-affirming surgeries are not experimental.

C. Quality of Evidence

29. The quality of the evidence supporting gender-affirming surgeries is comparable to that supporting many surgeries and clinical procedures. While prospective, randomized, double-blind, placebo-controlled studies are the gold standard, they cannot be used to evaluate many clinical procedures. There are simply inherent limitations to our ability to conduct such studies in clinical medicine. First, it is unethical to withhold medically necessary care. As such, in many situations, clinicians cannot conduct a study that uses a control group who is deprived of the treatment being studied. Practice guidelines published in 2013 by the Royal College of Psychiatrists indicated that a randomized controlled study to evaluate feminizing vaginoplasty would be “impossible to carry out.”¹⁵

30. It is not possible to perform a double-blind study of surgeries that modify body parts, nor is there a placebo that can mimic such a surgery – unlike studies that use placebo drug regimens, for example, people will know if they have had an operation or not. For relatively uncommon conditions like gender dysphoria, sample sizes of individuals with the condition who are available to participate in a clinical study tend to be small. This is especially true where treatment for a condition has not been covered by insurance programs and plans, and where additional barriers (such as ongoing stigmatization) prevent patients from accessing care. That very lack of access to the procedure results in there being fewer people who have received

¹⁵ Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria, Royal College of Psychiatrists 1-59 (2013).

treatment and who can participate in a prospective study of that treatment's effect.

31. Put simply, the scientific literature pertaining to gender-affirming surgical interventions is similar to that of other accepted plastic surgery procedures. The recommendation for ongoing research is a standard recommendation in many, if not most or all clinical scenarios. This recommendation for ongoing study in a particular clinical area does not mean that surgical care is withheld.

D. Misrepresentation of the Literature on Medical Necessity, Safety, and Effectiveness

32. The overwhelming weight of the scientific and medical literature supports the benefits of gender-affirming surgical interventions. Gender-affirming interventions have been performed for decades, and the safety and efficacy of these procedures have been reported by multiple surgeons practicing at different institutions in different countries and continents. Dr. Levine fails to acknowledge this literature, referencing instead several non-scientific sources to support his opinions. As a few representative examples, he relies on a conservative website called The Federalist (Levine Report at 33 n.111); and a Canadian website (<https://genderreport.ca>) which does not represent a professional medical or scientific organization (Levine Report at 35 n.113).

33. Dr. Levine cites a study by Dhejne, et al. to imply that because individuals who received gender confirming surgeries had higher morbidity and mortality rates compared to the general population, the surgeries are not effective. Levine Report at 54 ¶ 109; 59 ¶ 119. He appears to misunderstand that study. First, the study itself clearly states that it is not intended to evaluate whether gender-affirming surgeries are “an effective treatment or not.” Second, those who receive medically necessary surgery generally have reduced morbidity and mortality

compared to those with the same condition who do not, even if morbidity and mortality for both groups are higher than average. Third, the study includes patients who had surgery prior to the development of the current standards of care. Finally, the fact that gender confirming surgeries do not entirely resolve all possible causes of morbidity and mortality among transgender individuals is completely unsurprising. While surgery can treat gender dysphoria by aligning transgender people's bodies with their gender identity, surgery alone cannot fully eliminate the stigma and discrimination that transgender people face. Moreover, it is rare for any surgery to eliminate morbidity and mortality. For example, people who have surgery to remove a cancerous tumor may still experience higher rates of morbidity and mortality than the general population, but that does not mean that they should not undergo the surgery. In addition, individuals suffering from other medical conditions (including chronic conditions and traumatic injuries such as burns) are also at elevated risk of suicide. The increased risk of suicide does not preclude treatment of burn patients.¹⁶

34. For instance, one study cited by Dr. Levine concluded that gender-affirming surgeries “may reduce psychological morbidity for some individuals while increasing it for others.”¹⁷ Levine Report at 54 n.173; 59 n.192. The fact that surgery does not always reduce morbidity for everyone who receives it does not mean that the surgery is not safe or effective, particularly given the number of potential confounding factors that can impact morbidity. Similarly, the continued existence of elevated morbidity and mortality rates, compared to the

¹⁶ Sheera F. Lerman et al., *Suicidality After Burn Injuries: A Systematic Review*, 42 *Journal of Burn Care & Research* 357-364 (2021).

¹⁷ Rikke Kildevæld Simonsen et al., *Long-Term Follow-up of Individuals Undergoing Sex Reassignment Surgery: Psychiatric Morbidity and Mortality*, 70 *Nordic Journal of Psychiatry* 241-247 (2016).

population at large, say nothing about whether a treatment is a safe and effective way to treat a particular condition. Similarly, in a study regarding “quality of life and patient satisfaction in adults treated for a cleft lip and palate,” Kappen, et al. found that although some study participants “had accepted their diagnosis they were not entirely satisfied with their treatment outcome. These participants were still thinking about a possible correction in the future, occasionally inquired about new treatment options, and/or had to weigh the risk of complications or adverse outcomes against the (minor) benefits of surgery.” The authors also state that, “Two patients ... still had difficulties coping ... Both were psychologically affected at the time of interview: one was coping with depression, while the other was experiencing a mild form of generalized anxiety.” Additionally, four patients sought “professional psychological help ...”¹⁸ But that does not suggest that withholding medically necessary care is appropriate for those patients, any more than it is for transgender people.

35. Dr. Levine conflates various treatment options (i.e., pubertal suppression in adolescents, hormone therapy, gender-affirming surgeries) in a wide range of clinical scenarios (i.e., treatment of children, treatment of adolescents, treatment of adults, etc.). As with many areas of medicine, treatment options may differ depending upon the individual seeking care. The Center for Study of Inequality at Cornell University conducted a systematic review of all peer-reviewed articles published in English between 1991 and June 2017.¹⁹ 93% of the studies “found that gender transition improves the overall well-being of transgender people...” Only 7%

¹⁸ Isabelle F. P. M. Kappen et al., *Quality of Life and Patient Satisfaction in Adults Treated for a Cleft Lip and Palate: A Qualitative Analysis*, 56 *The Cleft Palate-Craniofacial Journal* 1171-1180 (2019).

¹⁹ What does the scholarly research say about the effect of gender transition on transgender well-being? What We Know (2021), <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.

of the studies reported “mixed or null findings.” In addition, no studies concluded that gender transition causes overall harm.

E. Informed Consent

36. Dr. Levine misunderstands the informed consent process for surgical care. Levine Report at 69 ¶ 149. Gender-affirming surgical procedures have been shown beneficial by multiple surgeons, in multiple countries, over decades. The risks of gender-affirming surgical procedures are well-known and well-described in the literature.²⁰ Additionally, because analogous surgical techniques have long been used to treat other underlying diagnoses, the risks of these techniques are well-understood.

37. The Standards of Care specifically discuss the obligation of the surgeon to obtain informed consent and recommend health assessments prior to these gender-affirming surgical interventions. The options, including the potential complications, and risks and benefits of each, are discussed with patients. For adolescents, these discussions include the caregiver or parents who must consent as well.

38. The process of securing informed consent is done in a multidisciplinary way. The Standards of Care specifically indicate the importance of health assessments prior to surgery, as well as the importance of a multi-disciplinary and collaborative approach between surgeons, mental health professionals, and primary care providers. *See* Standards of Care at 56-57. Working in this interdisciplinary way, surgeons determine if a patient has any medical or mental

²⁰ *See, e.g.,* Loren S. Schechter, *The Surgeon's Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health's Standards of Care*, 11 International Journal of Transgenderism 222-225 (2009).

health conditions that could affect their suitability for surgery or complicate their recovery after surgery. *See* Standards of Care at 59.

39. Accordingly, the patient undergoes a preoperative assessment by a qualified professional. One component of that preoperative mental health evaluation is an assessment of the individual's ability to provide informed consent. This represents a clinical standard which exceeds the threshold to perform many other types of surgical interventions, including those that are sterilizing. For this reason, Dr. Levine's claims that patients are "being rushed into" gender-affirming care are spurious. Levine Report at 68 ¶ 146. To the contrary, the preoperative process is careful and deliberate.

40. Dr. Levine also expresses concern about provisions in the Standards of Care for obtaining informed consent when the person has limited capacity to consent. Levine Report at 69 ¶ 146. I believe that he is referring to a provision of the Standards of Care that describes a series of options for obtaining meaningful consent in this circumstance, including a comprehensive and thorough assessment by a multidisciplinary healthcare team, or an alternative decisionmaker such as a legal guardian. Far from being a detriment, this provision of the Standards of Care recognizes the reality of medicine and healthcare across all fields: at times, people who require interventions have a limited capacity to consent. The Standards of Care go further than many other areas of medicine by first, recognizing this fact and second, describing a process to address it.

1. Fertility Counseling

41. Dr. Levine invokes concerns around care that leads to sterility, but notably his discussion focuses almost entirely on treatment for children. Levine Report at 61-62 ¶¶ 127-30. To clarify, surgical procedures are not performed on children under the Standards of Care, and

select procedures are performed in limited circumstances on adolescents only after extensive evaluation and informed consent. But Dr. Levine does not express any specific concerns about procedures that are sterilizing in adults, stating only that it should be considered as an important factor for any patient. Levine Report at 62 ¶ 130.

42. As discussed in the Standards of Care, individuals are counseled as to fertility-preserving options prior to undergoing sterilizing procedures. Individuals make decisions regarding interventions that affect fertility in a variety of clinical circumstances. These include procedures such as vasectomy, tubal ligation, and oophorectomy (whether for cancer or as a risk-reduction strategy). In the case of gender-affirming surgery, not only does the surgeon discuss the issue of fertility prior to surgery, individuals typically address this with their medical and/or mental health professionals as well. Once again, individuals seeking gender-affirming surgical interventions must meet a higher standard as compared to individuals undergoing sterilizing procedures for diagnoses or reasons other than gender dysphoria.

F. Sexual Function

43. Dr. Levine claims that “sexual dysfunction is not an uncommon complication of genital surgery.” Levine Report at 63 ¶ 133. Once again, this demonstrates Dr. Levine’s lack of understanding of surgery. Both my clinical experience and the literature indicate that sexual function generally improves after surgery where it is medically indicated.²¹ Additionally, Dr. Levine fails to mention that lack of access to medically necessary care can be a significant source

²¹ See, e.g., Sara Bungener, *Sexual Experiences of Young Transgender Persons During and After Gender-Affirmative Treatment*, *Pediatrics*, 146(6):e20191411 (Dec. 2020); doi:[10.1542/peds.2019-1411](https://doi.org/10.1542/peds.2019-1411) (finding that one year after surgery, young transgender adults reported a significant increase in experiences with all types of sexual activities).

of distress and exacerbate gender dysphoria, leading to decreased rates of intimacy and sexual satisfaction for transgender people.

44. Separately, Dr. Levine suggests that there is a “sexual-romantic risk” to gender-affirming care because few people will want to form relationships with them, and if they “do not pass well” their relationship options are largely limited to those looking for “exotic sexual experiences.” Levine Report at 66 ¶ 142. Setting aside Dr. Levine’s disparaging suggestion that transgender people are less likely to be able to form healthy and fulfilling relationships, the fact that surgery can affect multiple domains of a person’s life is not unique to gender-affirming surgery. For example, an oophorectomy may cause hot flashes and mood swings and affect one’s romantic life, but there is no requirement that cisgender women see a mental health professional before obtaining that care. The same is true for prostatectomy, which may result in erectile dysfunction, but does not involve any requirement to see a mental health professional.²² In contrast, transgender people are subject to a higher standard because they are required to undergo an assessment before accessing the same kinds of surgical procedures.

G. “Error Rates”

45. Dr. Levine briefly references “error rates” for clinical decisions. Levine Report at 9 ¶ 12. To the extent Dr. Levine intends to refer to rates of complications or regret, rates of complications are regularly discussed in medical literature on treatments for gender dysphoria. Rates of regret for procedures among individuals with gender dysphoria remain extremely low.²³

²² Jessica C. Emanu et al., *Erectile Dysfunction after Radical Prostatectomy: Prevalence, Medical Treatments, and Psychosocial Interventions*, Curr Opin Support Palliat Care, 10(1): 102–107 (March 2016); doi:10.1097/SPC.0000000000000195.

²³ Sasha Karan Narayan et al., *Guiding the Conversation—Types of Regret After Gender-Affirming Surgery and Their Associated Etiologies*, 9 Annals of Translational Medicine 605-616 (2021).

46. Dr. Levine expresses concerns that transgender patients may “desist” and cease to want to transition. *See, e.g.*, Levine Report at 42 ¶ 89; 43-44 ¶ 91. Among other sources, Dr. Levine cites the work of Dr. Miroslav Djordjevic regarding his experience with patients seeking reversal of their surgeries, Levine Report at 42 n.129, but those patients all received surgery without following the Standards of Care. Dr. Levine also cites “online community of young women who have desisted,” Levine Report at 43 ¶ 91, but that is not a medical or scientific source. In fact, all available scientific research indicates that reports of regret are extremely low when gender confirming surgery is provided in accordance with the Standards of Care.²⁴

47. Dr. Levine points to his own knowledge of “several” individuals no longer pursuing transition, including in the prison context. Levine Report at 42 ¶ 89. That Dr. Levine states that he has seen this happen several times in almost 40 years does not mean that it is a common occurrence among transgender individuals generally or among those who have received gender confirming surgery. All available research—as well as my own clinical experience—indicates that very few patients experience regret when gender confirming surgery is provided in accordance with the WPATH SOC and by a qualified surgeon. Regret of any kind is rare (0.6% in transgender women and 0.3% in transgender men),²⁵ but “true regrets,” as opposed to regrets due to lack of social or familial acceptance, comprise an even smaller percentage (approximately half this group, roughly 0.3% in transgender women and 0.15% in transgender men).²⁶ Having

²⁴ Chantal M. Wierpjes et al., *The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in Prevalence, Treatment, and Regrets*, 15 *The Journal of Sexual Medicine* 582-590 (2018).

²⁵ *Id.*

²⁶ *Id.* at 585, 587 (researchers classified “social regrets” as those experienced by individuals who still identified as transgender women, but reported feeling “ignored by surroundings” or regretted loss of relatives,” and classified “true regrets” as those experienced by individuals who “thought

performed gender confirming surgeries for over 20 years, I have never had a patient request a reversal of male chest reconstruction.

48. In a recent study I co-authored regarding regret following gender-affirming surgery, Narayan, et al. queried 154 surgeons surgically treating between 18,125 to 27,325 individuals.²⁷ The rate of regret was found to be between 0.2-0.3%, consistent with previous literature.

49. Moreover, issues pertaining to regret following surgical procedures are not limited to gender-affirming surgical interventions.²⁸ Some cisgender women experience regret following breast reconstruction (40%), some cisgender women expressed regret following prophylactic mastectomy (6%) and prophylactic oophorectomy (7%). Additionally, in my clinical experience, many people regretted not having access to gender-affirming care before access was expanded through insurance coverage.

H. Patient Diagnosis

50. Dr. Levine suggests that gender-affirming care is provided based on a “a patient’s self-diagnosis of gender dysphoria,” which purportedly clears the way for “rapid approval for hormonal and surgical interventions.” Levine Report at 68 ¶ 148. This misrepresents the

gender affirming treatment would be a ‘solution’ for, for example, homosexuality or [lack of] personal acceptance, but, in retrospect, regretted the diagnosis and treatment”).

²⁷ Sasha Karan Narayan et al., *Guiding the Conversation—Types of Regret After Gender-Affirming Surgery and Their Associated Etiologies*, 9 *Annals of Translational Medicine* 605-616 (2021).

²⁸ Toni Zhong et al., *Decision Regret Following Breast Reconstruction: The Role of Self-Efficacy and Satisfaction With Information in the Preoperative Period*, 132 *Plastic and Reconstructive Surgery* 724e-734e (2013).; Leslie L. Montgomery et al., *Issues of Regret in Women With Contralateral Prophylactic Mastectomies*, 6 *Annals of Surgical Oncology* 546-552 (1999).; Elizabeth M. Swisher et al., *Prophylactic Oophorectomy and Ovarian Cancer Surveillance*, 46 *The Journal of Reproductive Medicine* 87-94 (2001).

preoperative process and multidisciplinary assessment that occurs prior to gender-affirming surgical interventions.²⁹ Dr. Levine fails to accurately describe the process of diagnosis that is performed before the transgender patient is eligible for surgery, and also the role and responsibility of the surgeon in providing this care.

51. The surgeon receives in writing one or more assessments of the patient's diagnosis and medical necessity of the care by one or more mental health professionals, as required for the relevant procedure under the Standards of Care. But that is only one step in the assessment for surgical interventions. The surgeon remains ultimately responsible for deciding whether a particular surgical intervention is medically indicated. The surgeon evaluates the patient and makes the final decision about whether it is safe and medically indicated to proceed. This includes an evaluation of the patient's understanding of the condition, their self-awareness, and their goals and expectations for the intervention. The surgeon also evaluates other health factors that would affect the patient's fitness for the surgery, and determines whether additional studies might be required, such as x-rays or laboratory work. The surgeon also typically obtains an assessment from their primary care physician about their overall health. In my own clinical practice, I have had occasion to decline to perform a requested intervention based on my exercise of professional judgment.

IV. WPATH STANDARDS OF CARE

A. WPATH is a Professional Medical Association

52. Dr. Levine attempts to discount the broad medical consensus that gender

²⁹ See the Standards of Care; Loren S. Schechter, *The Surgeon's Relationship with the Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association for Transgender Health's Standards of Care*, 11 International Journal of Transgenderism 222-225 (2009). (now International Journal of Transgender Health).

confirming surgeries are medically necessary by claiming that WPATH is an “advocacy organization” and not a professional one. Levine Report at 34 ¶ 69. First, most medical associations and societies engage in advocacy on behalf of health care professionals, their patients, and their medical specialty generally. For example, the Endocrine Society describes itself as devoted to “advocating on behalf of the global endocrinology community,” including patients with endocrine conditions. Endocrine Soc’y, Who We Are, <https://www.endocrine.org/about-us>; *see also* Endocrine Soc’y, Advocacy, <https://www.endocrine.org/advocacy>, Endocrine Soc’y, Shaping Healthcare and Research Policy, <https://www.endocrine.org/our-community/shaping-healthcare-and-research-policy>. Similarly, the American Society of Plastic Surgeons uses advocacy “to support its members in the provision of excellent patient care.” Am. Soc’y of Plastic Surgeons, About ASPS, <https://www.plasticsurgery.org/about-asps>. Far from being unique, engaging in advocacy is the norm among professional medical associations. *See, e.g.*, Am. Medical Ass’n, Health Care Advocacy, <https://www.ama-assn.org/health-care-advocacy>; Am. Psychiatric Ass’n, Make a Difference Through APA Advocacy, <https://www.psychiatry.org/psychiatrists/advocacy>; Am. Acad. of Pediatrics, Advocacy, <https://services.aap.org/en/advocacy/>.

53. WPATH has transgender members who are licensed professionals in the wide range of specialties associated with transgender health as well as transgender members who bring the voice of the community into the organization. This is analogous to other professional societies, such as The American Burn Association, in which firefighters may be members. *See* <https://ameriburn.org/> (The American Burn Association website).

54. Dr. Levine critiques WPATH because transgender members of the community may attend its biennial meetings, suggesting that it “limits ... honest, methodologically

competent debate” and means the organization cannot be considered “purely professional.” The presence and participation of transgender people in WPATH in no way restricts “honest, methodologically competent debate” among professionals. Levine Report at 34 ¶ 68. To the contrary, it enriches the discussion of important topics, just as the participation of patients and patient support groups does during discussions at conferences for other professional societies to which I belong. Having transgender members is vital to WPATH and the development of the Standards of Care, but notably, voting privileges are limited to members who are professionals. Thus, the implication that the participation of transgender members degrades WPATH’s scientific integrity or impartiality has no merit. Moreover, in conjunction with WPATH’s biennial conference, it hosts a meeting that is limited to surgeons and healthcare professionals directly involved in surgical care (a meeting that I started at the 2007 WPATH Biennial meeting in Chicago and continue to organize and participate in at each of the subsequent meetings). During the meeting, surgeons openly discuss a wide range of issues, including surgical techniques and ethical questions.

B. Every Major Medical Organization Supports the Current Standards of Care

55. Dr. Levine ignores that every relevant medical and behavioral health association agrees that gender-confirming care is a medically necessary treatment for individuals with gender dysphoria. *See, e.g.*, Schechter Report ¶ 25 (noting that the American Medical Association, American Psychological Association, American Psychiatric Association, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and World Health Organization recognize gender confirming surgeries as standard, appropriate, and necessary treatments for gender dysphoria); *see also* Am. Psychological Ass’n, Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (2015),

<https://www.apa.org/practice/guidelines/transgender.pdf>; Am. Psychiatric Ass’n, A Guide for Working With Transgender and Gender Nonconforming Patients (2017),

<https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients>.

C. WPATH Standards of Care 8, and Clinical Guidelines Generally, are Determined Through Literature Review and Expert Testimony

56. Dr. Levine fundamentally mischaracterizes how clinical guidelines, and the Standards of Care 8 specifically, are developed. I am the co-lead author of the surgical and postoperative care chapter of the eighth version of the Standards of Care, which is in the final stages of preparation before release. I also have served as chairman on prior committees that have drafted clinical guidance. In 2011, I helped to co-write the reduction mammoplasty clinical guidelines. The establishment of clinical guidelines generally involves:

- Careful evaluation of the relevant medical and scientific peer-reviewed literature.
- Testimony from experts in the relevant field.
- Disclosure of conflicts of interest.

57. Dr. Levine insinuates that Standards of Care 8 are not evidence-based because purportedly “none of the recommendations are linked to the evidence.” Levine Report at 38 ¶

79. This is incorrect. Contrary to Dr. Levine’s assertions, the Standards of Care are the result of careful and deliberate reviews of the relevant medical and scientific literature and expert testimony.

58. Additionally, experts in the field often serve as author or co-author on practice guidelines—including, for example, practice guidelines in other areas of plastic surgery, such as for reduction mammoplasty. Contrary to Dr. Levine’s suggestion, that poses no inherent conflict of interest. Levine Report at 33 ¶ 65. This is because it would make no sense to exclude the

providers who actually perform the care for which the guidelines are developed. Professional societies and organizations have mechanisms to address and mitigate potential or perceived conflicts. It is unreasonable to assume that individuals without expertise in a field of study would be asked to author professional guidelines.

59. Review of guidelines is a constant revision process based on the latest available evidence. There is no area of medicine where there is complete and absolute knowledge where no further research is needed.

V. GENDER-AFFIRMING CARE MEETS THE STANDARDS OF MEDICAL NECESSITY UNDER WEST VIRGINIA’S MEDICAID PROGRAM AND STATE EMPLOYEE HEALTH PLANS

60. Dr. Levine states that, “[t]o determine whether West Virginia Medicaid and PEIA should be forced to categorically cover medical and surgical interventions for gender dysphoria, one will need to consider the balance of benefits and harms of such a decision.” But that is already what the Standards of Care require, which aligns with how all surgical treatment is provided.

61. Dr. Levine also claims that “[f]inancial considerations must also be taken into account.” Levine Report at 75 ¶ 162. But his testimony simply offers unsupported conjecture about costs; he cites no literature or other supporting sources, and fails to respond to the testimony in my original report. Schechter Report at 16-17 ¶¶ 38-39.

62. Dr. Levine describes the standards for medical necessity in the relevant programs and plans as follows:

A. West Virginia Medicaid: “items or services furnished to a patient that are reasonable and necessary for the diagnosis or treatment of illness or injury, to improve the functioning of a malformed body member, to attain, maintain, or regain functional capacity, for

the prevention of illness, or to achieve age appropriate growth and development.” Levine Report at 40 ¶ 85 (citing National Academy for State Health Policy, “State Definitions of Medical Necessity under the Medicaid EPSDT Benefit,” <https://www.nashp.org/medical-necessity/>). Chapter 200 of the West Virginia Bureau for Medical Services Policy Manual defines medically necessary services as:

Services and supplies that are appropriate and necessary for the symptoms, diagnosis, or treatment of an illness. They are provided for the diagnosis or direct care of an illness within the standards of good practice and not for the convenience of the plan, member, caregiver, or provider. The appropriate level of care can be safely provided and the most efficient and cost effective services/supplies to meet the member’s need.

See <https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20200%20Definitions%20and%20Acronyms.pdf>.

B. PEIA: “A service is considered to be medically necessary if it is: consistent with the diagnosis and treatment of the injury or illness; in keeping with generally accepted medical practice standards; not solely for the convenience of the patient, family or health care provider; not for custodial, comfort or maintenance purposes; rendered in the most cost-efficient setting and level appropriate for the condition; and not otherwise excluded from coverage under the PEIA PPB Plans.” Levine Report at 40 n.124.

63. I am familiar with a variety of definitions of medical necessity across health plans, many of which are similar to the definitions in the health plans at issue here. Gender-affirming surgery satisfies these standards. This care is widely recognized as treating a serious medical condition, significantly improves functioning for a majority of people who receive it, and is generally the most cost efficient and effective treatment for this condition.

64. As explained above, Dr. Levine's prior involvement with the Standards of Care, Version 5 suggests that he does not support categorical bans on coverage for surgical care, since those guidelines recognized that surgery can be medically necessary for transgender people. Instead, his report largely seems to critique the way that some people can access this care. But this does not support West Virginia's categorical exclusions of coverage, which contravene the established research, peer-reviewed literature, and clinical evidence in this area. Instead, the evidence base shows that surgical care can be medically necessary and lead to significant improvement in outcomes for transgender patients.

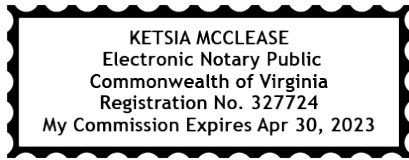
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 17 day of March, 2022.

Loren Schechter

Loren Schechter (Mar 17, 2022 11:11 CDT)

Loren S. Schechter, M.D.

Subscribed and sworn before me, a Notary Public in and for the County of Norfolk, State of
Virginia, this 17 day of March, 2022.



A handwritten signature in cursive script that reads "Ketsia McClease".

Signature of Notary

This notarial act was performed online by way of
two-way audio/video communication technology.

1647505231-fain-v-crouch-schechter-rebuttal-report419424-10

Final Audit Report

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Exhibit A

Curriculum Vitae

NAME: LOREN SLONE SCHECHTER, MD, FACS

OFFICE: 4700 Marine Dr.
Suite 515
Chicago, IL 60640
Tel: 773.564.6500

E-MAIL: lorenschechter1@gmail.com

MARITAL STATUS: Married (Rebecca Brown Schechter, MD)

CERTIFICATION: The American Board of Plastic Surgery 2001
Certificate Number 6271
Date Issued: September 2001
Maintenance of Certification: 2011
Maintenance of Certification: 2021

EDUCATION:
1986-1990 The University of Michigan BS, 1990
1990-1994 The University of Chicago MD, 1994
Pritzker School of Medicine

POSTGRADUATE TRAINING:

Residency: The University of Chicago Hospitals 1994-1999
Coordinated Training Program in
Plastic and Reconstructive Surgery
Chief Resident: The University of Chicago Hospitals 1998-1999
Section of Plastic and Reconstructive
Surgery
Fellowship: Reconstructive Microsurgery 1999-2000
The University of Chicago Hospitals
Section of Plastic and Reconstructive
Surgery

TEACHING APPOINTMENT:

Professor of Surgery, Chief Section of Gender-Affirmation Surgery, Rush University Medical Center-In Process, Director, Gender Affirmation Surgery-Rush University Medical Center-effective April 5, 2022

Clinical Professor of Surgery, The University of Illinois at Chicago-resigned to accept position at Rush University

Adjunct Assistant Professor, Dept. of Surgery, Rush University Medical Center

Associate Professor, Physician Assistant Program,
College of Health Professionals, Rosalind Franklin
University

LICENSURE:

Illinois
Illinois Controlled Substance
DEA

STAFF APPOINTMENTS:

Rush University Medical Center
Advocate Lutheran General Hospital
Louis A. Weiss Memorial Hospital
Illinois Sports Medicine and Orthopedic Surgery
Center

HONORS AND AWARDS:

2022	Chicago Magazine Top Doctor
2021	Chicago Magazine Top Doctor-Surgery
2020	The University of Minnesota Program in Human Sexuality, recipient of 50 Distinguished Sexual and Gender Health Revolutionaries
2017-2020	Castle Connolly Top Doctor (Chicago)
2017	Chicago Consumer Checkbook Top Doctor
2015	University of Minnesota Program in Human Sexuality Leadership Council
2014-2015	Rosalind Franklin University of Medicine and Science Chicago Medical School Honors and recognizes for dedication and commitment to teaching
2014	National Center for Lesbian Rights honored guest
2013	Illinois State Bar Association Award for Community Leadership
2010	Advocate Lutheran General 2009 Physicians Philanthropy Leadership Committee-Outstanding Leadership
2009	Advocate Lutheran General Hospital Value Leader (received for compassion)
1994	Doctor of Medicine with Honors
1994	University of Chicago Department of Surgery Award for Outstanding Performance in the Field of Surgery
1994	Catherine Dobson Prize for the Best Oral Presentation Given at the 48 th Annual Senior Scientific Session in The Area of Clinical Investigation
1993	Alpha Omega Alpha
1991	University of Chicago National Institutes Of Health Summer Research Award
1990	Bachelor of Science with High Distinction And Honors in Economics
1990	James B. Angell Award for Academic Distinction
1989	Omicron Delta Epsilon-National Economic Honor Society
1988	College Honors Program Sophomore Honors Award For Academic Distinction

1988 Class Honors (Dean's List)

MEMBERSHIPS:

2018- The American Association of Plastic Surgeons
2016- The American Society for Gender Surgeons
(founding member and president-elect)
2010- World Society for Reconstructive Microsurgery
2005- The University of Chicago Plastic Surgery Alumni
Association
2005- The Chicago Surgical Society
2004- The American Society for Reconstructive Microsurgery
2003- The American College of Surgeons
2002- The American Society of Plastic Surgeons
2001- Illinois Society of Plastic Surgeons (formerly Chicago
Society of Plastic Surgeons)
2001- The American Society of Maxillofacial Surgeons
2001- American Burn Association
2001- Midwest Association of Plastic Surgeons
2001- WPATH
1994- The University of Chicago Surgical Society
1994- The University of Chicago Alumni Association
1992- American Medical Association
1992- Illinois State Medical Society
1992- Chicago Medical Society
1990- The University of Michigan Alumni Association

CURRENT HOSPITAL COMMITTEES:

Director, Center for Gender Confirmation Surgery,
Louis A. Weiss Memorial Hospital

PROFESSIONAL SOCIETY COMMITTEES:

WPATH Executive Committee

Treasurer, The World Professional Association for
Transgender Health

Chair, Finance and Investment Committee, The American
Society of Plastic Surgeons

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research
Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board
Examiner

WPATH Ethics Committee

American College of Radiology Committee on
Appropriateness Criteria Transgender Breast Imaging
Topic, Expert Panel on Breast Imaging: Transgender
Breast Cancer Screening Expert Panel on Breast Imaging

American Society of Plastic Surgeons, Finance and Investment Committee

Board of Directors, at-large, The World Professional Association for Transgender Health

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

OTHER:

American Board of Plastic Surgery-Oral Board Guest Examiner (2020, 2021)

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery, Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

PREVIOUS EDITORIAL ROLE:

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of
Transgenderism

Guest Reviewer, Pediatrics

PREVIOUS ACADEMIC APPOINTMENT:

Visiting Clinical Professor in Surgery, The University
of Illinois at Chicago

Chief, Division of Plastic and Reconstructive Surgery,
Chicago Medical School, Rosalind Franklin University
of Medicine and Science

Associate Professor of Surgery, The College of Health
Professionals, Rosalind Franklin University

Clinical Associate in Surgery, The University of
Chicago

PREVIOUS HOSPITAL COMMITTEES:

Division Director, Plastic Surgery, Lutheran General
Hospital

Division Director, Plastic Surgery, St. Francis
Hospital

Medical Staff Executive Committee, Secretary,
Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General
Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General
Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical
Center

Section Director, Plastic Surgery, Rush North Shore
Medical Center

PREVIOUS SOCIETY COMMITTEES:

PlastyPac, Chair, Board of Governors

Chair of the Metro Chicago District #2 Committee on Applicants, American College of Surgeons

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy Committee

American Society of Plastic Surgeons, Practice Management Education Committee

Board of Governors, Governor-at-large, The American College of Surgeons

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of The American College of Surgeons

2012 Nominating Committee, American Society of Plastic Surgeons

Program Committee, The World Society for Reconstructive Microsurgery, 2013 Bi-Annual Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic Surgeons (formerly the Chicago Society of Plastic Surgery)

Vice-President, The Metropolitan Chapter of the American College of Surgeons

American Society of Plastic Surgery, Chairman, Patient Safety Committee

2006-2007 Pathways to Leadership, The American Society of Plastic Surgery

2005 & 2006 President, The University of Chicago
Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American Society
of Plastic Surgery

Senior Residents Mentoring Program, The American
Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education
Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery,
Electronic Communications Committee

American Society of Aesthetic Plastic Surgery,
Intranet Steering Committee

American Society of Aesthetic Plastic Surgery,
International Committee

Membership Coordinator, The Chicago Society of Plastic
Surgeons

The Illinois State Medical Society, Governmental
Affairs Council

The Illinois State Medical Society, Council on
Economics

Chicago Medical Society, Physician Review Committee
-Subcommittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare
Economics Committee

Secretary/Treasurer, The Metropolitan Chicago Chapter
of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

Council Member, The Metropolitan Chicago Chapter of
the American College of Surgeons

INTERNATIONAL MEDICAL SERVICE:

Northwest Medical Teams

Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

COMMUNITY SERVICE:

Alumni Council, The University of Chicago Medical and Biological Sciences Alumni Association

The University of Minnesota Presidents Club
Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

PREVIOUS COMMUNITY SERVICE:

Board of Directors, Committee on Jewish Genetic Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital, Park Ridge, Il

Lutheran General Hospital Development Council, Park Ridge, Il

Lutheran General Hospital Men's Association, Park Ridge, Il

Advisory Board, Committee on Jewish Genetic Diseases, Cancer Genetics Subcommittee, Jewish United Fund, Chicago, Illinois

Health Care Advisory Board, Congressman Mark Kirk, 10th Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital Development Council, Evanston, Il

Visiting Professor:

1. University of Utah, Division of Plastic Surgery, November 6-8, 2014.
2. Northwestern University, Division of Plastic Surgery, April 21-22, 2016.
3. The University of North Carolina, Division of Plastic Surgery, March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-18, 2017
5. The University of Basel, Basel, Switzerland, August 31-September 1, 2018

6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019
7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019
8. The University of Michigan, October 3-4, 2019, Ann Arbor, MI,

Invited Discussant:

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H. Deputy Assistant Secretary of Defense for Health Services Policy & Oversight, The Pentagon, November 9, 2017
2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know? A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

Research Interests:

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)
2. Robotic-Assisted Bilateral Prophylactic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)
3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015
4. Uterine Transplantation, Rush University Medical Center (IRB pending)
5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)
6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant - LGBTQ 2S Stigma Reduction & Life Course Mental Wellness (application in process)

BIBLIOGRAPHY:

PEER REVIEWED ARTICLES:

1. E. Wall, D. A. Schoeller, **L. Schechter**, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.
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19. Michelle Roughton, MD and **Loren Schechter, MD**, Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

20. Iris A. Seitz, MD, PhD, Sarah Friedewald, MD, Jonathon Rimler, BS, **Loren Schechter, MD, FACS**, Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p.26

21. Iris A. Seitz, MD, PhD, Craig Williams, MD, Daniel Resnick, MD, Manoj Shah, MD, **Loren Schechter, MD, FACS**, Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 28

22. Iris A. Seitz, MD, PhD, Craig Williams, MD, **Loren Schechter, MD, FACS**, Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 29

23. Michelle Roughton, MD, **Loren Schechter, MD, FACS**, Patient Safety: Abdominoplasty and Intra-Abdominal Procedures, Advocate Research Forum, Research and Case Report Presentation Abstracts, Advocate Lutheran General Hospital, May 5, 2010, p. 20
24. Iris A. Seitz, MD, PhD., Sarah M. Friedewald, MD, Jonathon Rimler, BS, **Loren S. Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.
25. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon's Fourteen Year Experience, Annals of Plastic Surgery, Vol. 74, Suppl. 3, June 2015, p. s187.
26. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
27. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience
28. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Therapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures
29. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery
30. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

PRESENTATIONS:

1. Student Summer Research Poster Forum-The University of Chicago, Jan. 21, 1992: "A Comparison of Dynamic Energy Expenditure Versus Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method"
2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: "Routine HIV Testing in A Burn Center: A Five Year Experience"
3. American Burn Association Poster Session, April 20-23, 1994, Orlando, Fl: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"
4. 48th Annual Senior Scientific Session: The University of Chicago, May 19, 1994: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"
5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
6. The Chicago Society of Plastic Surgery, May 6, 1999, "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"
8. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999, San Francisco, CA: "Craniofacial Osseo-Distracton: A Bridge to Eucephaly"
9. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"
10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: "Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes"
11. American Society for Reconstructive Microsurgery, January 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"
12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"
13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"
14. The 5th Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: "Soft Tissue Salvage: Where Are We in 2003?"
15. The Midwestern Association of Plastic Surgeons, 42nd Annual Meeting, Chicago, IL May 1-2, 2004: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
16. The 6th Annual Chicago Trauma Symposium, August 12-15, 2004, Chicago, IL "Complex Wound Management"
17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"
18. The American Society for Reconstructive Microsurgery, January 15-18, 2005, Fajardo, Puerto Rico: "Surviving as a Plastic Surgeon"
19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"

20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"
21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Modified Components Separation Technique for Two Massive Ventral Hernias"
22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Mucormycosis of the Head and Neck: A Fatal Disease?"
23. The 7th Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, Il "Management of Complex Injuries"
24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, Il September 18, 2005 "From Flaps to Grafts"
25. Taizoon Baxamusa, M and Loren S. Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American Association For Hand Surgery Annual Scientific Meeting, January 11-14, 2006, Tucson, Arizona.
26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, Il "Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty"
27. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon's Four Year Experience"
28. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy"
29. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Abdominoplasty Graft & VAC Therapy: Two Useful Adjuncts in Full-Thickness Grafting of the Mangled Upper Extremity"
30. The American Association of Plastic Surgeons 85th Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina "Excision of Giant Neurofibromas"
31. The 8th Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il "Management of Complex Injuries"
32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California "Excision of Giant Neurofibromas"
33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il "Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity"

34. American Medical Association-RFS 3rd Annual Poster Symposium, November 10, Las Vegas, NV, 2006 "Abdominal Wall Reconstruction With Alloderm"
35. Advocate Injury Institute: "Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, "Pit Bull Mauling: A Case Study"
36. The 9th Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, Il "Management of Complex Injuries"
37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8. 2007, Chicago, Il Revision Vaginoplasty With Sigmoid Interposition: "A Reliable Solution for a Difficult Problem"
38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 "ER Call: Who's Job is it Anyway"
39. The 10th Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, Il "Management of Complex Injuries"
40. 23rd Annual Clinical Symposium on Advances in Skin & Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada, poster presentation "Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report."
41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, Il "Panel: Fresh Faces, Real Cases"
42. The American Association for Hand Surgery Annual Meeting, January 7-13, 2009, Maui, Hawaii, poster session: "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."
43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."
44. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Advertising in Plastic Surgery?"
45. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Cost-Effectiveness of Physician Extenders in Plastic Surgery"
46. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, "Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate"
47. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, "Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures"
48. The 11th Annual Chicago Trauma Symposium, August 1, 2009, Chicago, Il "Management of Complex Injuries"

49. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap."
50. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Challenging Cases."
51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, "President's Panel: The Future of the Solo Practice-Can We, Should We Survive?"
52. The 12th Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, IL "Management of Complex Injuries"
53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPREAC), Dresden, Germany, September 2010
54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA
55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.
56. ASPS/ASPSN Joint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA
57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA
58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16th Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada
59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland
61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

62. The 13th Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, IL "Soft Tissue Defects-Getting Coverage"
63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA "Surgical Options and Decision-Making"
64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting
65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE
66. XXIV Congresso Nazionale della Societa Italiana di Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma
67. XXIV Congresso Nazionale della Societa Italiana Microchirurgia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series
68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention
69. The 14th Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, IL "Soft Tissue Defects-Getting Coverage"
70. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Reimbursement in Breast Reconstruction"
71. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace"
72. The 15th Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, IL "Soft Tissue Defects-Getting Coverage"
73. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Short Scar Chest Surgery."
74. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Intestinal Vaginoplasty with Right and Left Colon."
75. 24th Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, "Gender Confirmation Surgery: State of the Art."
76. The 15th Annual Chicago Trauma Symposium, September 4-7, 2014, Chicago, IL "Soft Tissue Defects-Getting Coverage"

77. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL "Gender Confirmation Surgery: A Single-Surgeon's Experience"
78. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, IL, Moderator, Gender Reassignment.
79. the American Society of Plastic Surgeons 2015 Professional Liability Insurance and Patient Safety Committee Meeting, July 17, 2015, "Gender Confirmation Surgery."
80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments
81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery
82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.
83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE
84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands
86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra(Poster session #195), June 18-22, 2016, Amsterdam, Netherlands
87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session #198), June 18-22, 2016, Amsterdam, Netherlands
88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve?, Washington, DC June 23-25, 2016
89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016
90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016
91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016

92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016
93. The 16th Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, IL "Soft Tissue Defects-Getting Coverage"
94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature
95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty-Management Options in Gender Confirmation Surgery
96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification
97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra
98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty
99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques
100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty
101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program
102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique
103. The 18th Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, IL "Soft Tissue Defects-Getting Coverage"
104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women
105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker
106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery

107. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience
108. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery
109. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Development of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation
110. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty
111. The 19th Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, IL "Soft Tissue Defects-Getting Coverage"
112. Midwest LGBTQ Health Symposium, September 14-15, 2018, Chicago, IL "Quality Parameters in Gender Confirmation Surgery"
113. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach
114. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship
115. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training
116. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery
117. "Theorizing the Phantom Penis," The Psychotherapy Center for Gender and Sexuality's 6th Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY

INSTRUCTIONAL COURSES:

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, IL
2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, IL
3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity

4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims
5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice
6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons
7. 10th Congress of The European Federation of Societies for Microsurgery, May 2-22, 2010, Genoa, Italy, "The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction."
8. Multispecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.
9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.
10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, IL.
11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.
12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30th, 2012, New Orleans, LA
13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA
14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA
15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii
17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA
18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, IL

19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Overview of Surgical Treatment Options
20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, IL Surgical Procedures
21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Surgical Complications
22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Post-operative Care
23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, IL Case Discussions: The Multidisciplinary Team
24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Overview of Surgical Treatment Options
25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options
26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.
27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.
28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.
30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.
31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.
32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017

33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017
34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017
35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.
36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.
37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, IL
38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea
39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017
41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator
42. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017
43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017
44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018
45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY
46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018

47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018
48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, IL
49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018
50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018
51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018
52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018
53. 25th WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator
54. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics
55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019
56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019
57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, FL, July 20, 2019
58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, FL, July 20, 2019
59. Program Director, Gender Affirming Breast, Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, FL, July 20, 2019
60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, IL
61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC
68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning & Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)
69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020
70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020
71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020
72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021
73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.
74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.
75. GEI Foundations Course, Live Q&A, March 21, 2021
76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021
77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)
78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021

79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021
80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.
81. WPATH Health Plan Provider (HPP) Training, Q&A Panel, September 13, 14, 21 2021, via Zoom
82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via zoom), December 9, 2021
83. I want to be a gender surgeon: where do I even start, American Society for Reconstructive Microsurgery, Annual Meeting, January 17, 2022, Carlsbad, CA

SYMPOSIA:

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,
2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC
7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL
8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, IL
9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, IL.

10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands
11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, IL
12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017
14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, IL March 10, 2017.
15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
16. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery
17. Program Director, 2nd Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.
18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019
23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC

24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020
25. WPATH 2020 Surgeons' Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)
26. WPATH Journal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (Zoom)

FACULTY SPONSORED RESEARCH:

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Free Tissue Transfer in the Treatment of Zygomycosis." Presented by Michelle Roughton, MD
2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, Il, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seitz, MD, PhD.
5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seitz, MD, PhD.
6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD
7. The Midwestern Association of Plastic Surgeons, 49th Annual Scientific Meeting, May 15th, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.
8. Jonathan M. Hagedorn, BA, **Loren S. Schechter**, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimenez, MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.
9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seitz, Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois

10. Samuel Lake, Iris A. Seitz, MD, PhD, Loren S. Schechter, MD, Daniel Peterson, PhD Omentum and Subcutaneous Fat Derived Cell Populations Contain hMSCs Comparable to Bone Marrow-Derived hMSCs First Place, Rosalind Franklin University Summer Research Poster Session
11. J. Siwinski, MS II, Iris A. Seitz, MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suarez Research Day, Northwestern University, Downers Grove, IL, May 2014
12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.
13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.
14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL
15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, IL
16. S. Marecik, J. Singh. **L. Schechter**, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 20

Keynote Address:

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

INVITED LECTURES:

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999
2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, IL March 2000
3. Wounds, Lincolnwood Family Practice, Lincolnwood, IL April 2000
4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000
5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, IL June 2000

6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000
7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000
8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000
9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000
10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000
11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000
12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001
13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001
14. Wound Care, Rush North Shore Medical Center, March 2001
15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001
16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001
17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001
18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002
19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002
20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002
21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002
22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002

23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002
24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.
25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago, Il, May, 2002
26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002
27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:
28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002
29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.
30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002
31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002
32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002
33. Dressing for Success: The Role of the Vacuum Assisted Closure Device in Plastic Surgery, Indianapolis, In November 11, 2002
34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002
35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003
36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003
37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003
38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003
39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003

40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, WI March 26, 2003
41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, IL March 27, 2003
42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, IL, April 11, 2003
43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, MN, April 24, 2003
44. Dressing For Success: The Role of The Wound VAC in Reconstructive Surgery, Detroit, MI, May 9, 2003
45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, IL, June 5, 2003
46. A Systematic Approach to Complex Reconstruction, 12th Annual Vendor Fair "Surgical Innovations," October 18, 2003, Lutheran General Hospital, Park Ridge, IL 2003
47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA
48. Beautiful You: From Botox to Weekend Surgeries, 21st Century Cosmetic Considerations, March 21, 2004 Hadassah Women's Health Symposium, Skokie, IL
49. Updates in Breast Reconstruction, The 2nd Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004
50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004
51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, IL
52. 4th Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, IL
53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, IL
54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, IL
55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, IL

56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, Il
57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, Il
58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, Il
59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, Il
60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, Il.
61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.
62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.
63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.
64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.
65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.
66. "Meet the Experts on Breast Cancer," 7th Annual Chicagoland Day of Sharing, Sunday, April 13th, 2008
67. Gender Confirmation Surgey: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.
68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.
69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.
70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008
71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008

72. "Genetics: A Family Affair" Panel Discussion: Predictive Genetic Testing, 23rd Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, Il, March 18, 2009
73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.
74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, Il.
75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, Il.
76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.
77. "Compartment Syndrome," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
78. "Maxillofacial Trauma," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.
79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.
80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010
81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14th, 2010
82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25th, 2010.
83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.
84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.
85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.
86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.
87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY
88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.

89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il
90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota
91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il
92. "Facial Trauma," 8th Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011
93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il
94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011
95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012
96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012
97. "State of the art breast reconstruction," Advocate Health Care, 11th Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.
98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.
99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.
100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il
101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il
102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il
103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il
104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22nd Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.
105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.

106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.

107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014

108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.

109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.

110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.

111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.

112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015

114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015

115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015, Chicago, Il 2015.

118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.

119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn

120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015

121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015

122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015

123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, IL, October 2, 2015
124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, FL, October 3, 2015
125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago, IL, October 8, 2015
126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015
127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, IL
128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, IL
129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, IL
130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, IL
131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, IL
132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, IL
133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, IL
134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA
135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA
136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, IL 60068
137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY
138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, IL.
139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, IL

140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016
143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, Il
144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA
145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20, 2016 Washington, DC
146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016
147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016
148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017
149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017
150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.
151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 - 50 Years of Aesthetics* - in San Diego, California April 27- May 2, 2017.
152. "Gender Confirmation Surgery: A New Surgical Frontier," 15th Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.
153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017
154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017
155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017
157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017
158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017
159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
160. "Gender Confirmation Surgery," Brazilian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017
161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, IL
162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, IL
163. "Transgender Breast Augmentation," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
164. "Top Surgery: Transmasculine Chest Contouring," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA
165. "Gender Confirmation Surgery," The 17th International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China
166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97th Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA
167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY
168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affairs, May 24, 2018
169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018
170. "WPATH State of the Art," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

171. "Facial Feminization Surgery: The New Frontier?" 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

172. "Current Techniques and Results in Mastectomies," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

173. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, IL.

174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, IL

175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, IL

176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL

177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL

178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, IL

179. The Center for Gender Confirmation Surgery Lecture Series, "Introduction to Gender Confirmation Surgery," Weiss Memorial Hospital, October 17, 2018, Chicago, IL

180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65th Annual Meeting, October 22-27, 2018, Seattle, WA

181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019

182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019

183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA

184. Master Series of Microsurgery: Battle of the Masters

One Reconstructive Problem - Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019

185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019

186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019

187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019

188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

189. Gender Surgery: Where are We Now?, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019

192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.

193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019

194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy

195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, IL

196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

198. The 20th Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, IL "Soft Tissue Defects-Getting Coverage"

199. Gender Confirmation Sugery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019
200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, Il.
201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, Il.
202. Moderator, Patient Selection in Gender Affirming Survey Surgery, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA
204. Breast Reconstruction, State of the Art, NYU-Langone Health, NYU School of Medicine, Standards of Care and Insurance Coverage, Saturday, November 23, 2019, New York, NY.
205. ASRM Masters Series in Microsurgery: Think Big, Act Small: The Building Blocks for Success, "Building a Microsurgery Private Practice from the Ground Up", 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
206. ASPS/ASRM Combined Panel II: Gender Affirmation Surgery: Reconstruction Challenges of Function and Sensation, 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020
207. Rush University Medical Center, Division of Urology, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," January 22, 2020
208. Rush University Medical Center, Department of General Surgery, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," February 5, 2020.
209. WPATH/AMSA (American Medical Association) Gender Scholar Course, Webinar, March 11, 2020
210. Rush University Medical Center, Division of Plastic Surgery, Weekly Presentation, Gender Confirmation Surgery: Can a Surgeon Provide Informed Consent?, April 29, 2020
211. Legal Issues Faced by the Transgender Community, ISBA Standing Committee on Women and The Law and the ISBA Standing Committee on Sexual Orientation and Gender Identity, Co-Sponsored by the National Association of Women Judges District 8, Live Webinar, May 28, 2020

212. Principles of Transgender Surgery, National Association of Women's Judges, District 8, Webinar, June 4, 2020

213. Gender-Affirming Surgery, National Association of Women's Judges, District 8, Webinar, July 8, 2020

214. Gender-Affirming Surgery, The University of Chicago, Pritzker School of Medicine, 1st year Anatomy, September 15, 2020

215. Gender-Affirming Surgery, Rush University Medical School, 2nd year Genitourinary Anatomy, September 16, 2020.

216. Surgical Management of the Transgender Patient, Rosalind Franklin University, The Chicago Medical School, Plastic Surgery Interest Group, October 7, 2020

217. Breast Augmentation in Transgender Individuals, The American Society of Plastic Surgeons Spring Meeting, March 20, 2021

218. International Continence Society Institute of Physiotherapy Podcast 5-Pelvic Floor Most Common Disorders and Transgender Patients (recorded April 30, 2021)

219. The American Association of Plastic Surgeons Annual Meeting, Reconstructive Symposium, Gender Affirmation Panel, Complications of GCS, Miami, FL, May 15, 2021 (presented virtually)

220. Gender Confirmation Surgery, Grand Rounds, Rush University, Section of Urology, June 8, 2021.

221. Genitourinary introduction lecture, M2, Rush University School of Medicine, September 2, 2021 (by Zoom)

222. Demystifying Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, Querencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, JSCH & LHMC, New Delhi, WPATH September 5, 2021 (by zoom)

223. Gender Confirmation Surgery, The University of Chicago Pritzker School of Medicine, MS-1, Anatomy lecture, September, 14, 2021, Chicago Il.

224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now?, Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2011 (by Zoom)

225. Chest Surgery, The Illinois Dept. of Corrections (by zoom), October 13, 2021.

226. Vaginoplasty, The Illinois Dept. of Corrections (by zoom), October 15, 2021.

227. International Continence Society, 20th Physioforum, Pelvic Floor Physical Therapy and Gender-Affirming Surgery, October 16, 2021, Melbourne, Australia (by Zoom)

228. Rush University Division of Plastic Surgery, Gender Affirmation Surgery: Where Are We Now?, educational conference, November 23, 2021, Chicago, IL
229. 51 Congreso Argentino de Cirugia Plastica, Microsurgery Symposium, SACPER-FILACP, 3 Step Approach to Lower Extremity Trauma, November 29, 2021, Mar del Plata, Argentina
230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, "Gestión Quirúrgica de la Disforia de Género: Descripción general del manejo quirúrgico y los estándares de atención," December 1, 2021, Mar del Plata, Argentina
231. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery II, Cirugía Genital Masculinizante (Metoidioplastia y Faloplastia), December 2, 2021, Mar del Plata, Argentina
232. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery III, Faloplastia: optimización de resultados y reducción de complicaciones, December 2, 2021, Mar del Plata, Argentina
233. Government of India, Ministry of Health and Welfare, National AIDS Control Organization, Meeting with AIIMS on Gender Affirmation Care (GAC) Clinic Pilot Intervention, December 21, 2021, New Delhi (virtual)
234. Affirming Care for Gender Diverse Patients, Rosalind Franklin University, January 5, 2022, North Chicago, IL (Virtual by Zoom)
235. Sub-Unit Transplantation, Penile Transplant, WSRM/ASRT Mini-Symposium VCA Transplant, World Society for Reconstructive Microsurgery/American Society for Reconstructive Transplantation/American Society for Reconstructive Microsurgery Annual Meeting, January 14, 2022, Carlsbad, CA
236. Strategies for Penile Transplantation, American Society for Reconstructive Microsurgery, Annual Meeting, January 16, 2022, Carlsbad, CA
237. ASRM/WSRM/ASRT Battle of the Frontiers: To Transplant or Not? Conventional Reconstruction (Phalloplasty), American Society for Reconstructive Microsurgery, Annual Meeting, January 16, 2022, Carlsbad, CA
238. Strategies for Penile Innervation, American Society for Gender Surgeons, Annual Meeting, January 18, 2022, Carlsbad, CA
239. Pathway To Informed Consent: Vaginoplasty, Illinois Dept. of Corrections (virtual), February 10, 2022
240. Gender Confirmation Surgery From Top to Bottom: A Single Surgeon's 22 Year Experience, Where are We Now, Grand Rounds (virtual), Department of Plastic Surgery, University of South Florida, February 14, 2022

Exhibit B

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